

# UNITED STATES HOUSE OF REPRESENTATIVES 2020 FINANCIAL DISCLOSURE STATEMENT

Form A  
For Use by Members, Officers, and Employees

OCT 16 2021  
LEGISLATIVE RESOURCE CENTER  
2021 OCT 27 AM 9:10

Name: PAUL BLACKER

Daytime Telephone: \_\_\_\_\_

A \$200 penalty shall be assessed against any individual who files more than 30 days after the deadline.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MISSISSIPPI</u> District: <u>7TH</u>	<input type="checkbox"/> Officer or Employee	<input type="checkbox"/> Employing Office:	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input type="checkbox"/> 2020 Annual (Due: May 17, 2021)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

## IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have filed a statement with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



# **SCHEDULE F - AGREEMENTS**

Identify the date, parties to, and general terms of any agreement, continuation or deferral of payments by a former or current employer.

or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; or other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name: **PAUL WALKER**

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Date	Parties to Agreement	Terms of Agreement
<del>None</del>		

# **SCHEDULE G - GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$168 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$800
<del>None</del>		

# SCHEDULE C - EARNED INCOME

Name **PAYL WALKER**

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.  
**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.  
**INCOME LIMITS AND PROHIBITED INCOME:** The 2020 limit is \$29,595. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date)	Type	Amount
Examples: Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$18,000
Chilmark Board of Education	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	N/A
<b>None</b>		

# SCHEDULE A - ASSETS & "UNEARNED"

Name: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction	
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(event), or E
	None																																		
	\$1-\$1,000																																		
	\$1,001-\$15,000																																		
	\$15,001-\$50,000																																		
	\$50,001-\$100,000																																		
	\$100,001-\$250,000																																		
	\$250,001-\$500,000																																		
	\$500,001-\$1,000,000																																		
	\$1,000,001-\$5,000,000																																		
	\$5,000,001-\$25,000,000																																		
	\$25,000,001-\$50,000,000																																		
	Over \$50,000,000																																		
	Spouse/DC Asset over \$1,000,000*																																		
	None																																		
	\$1-\$200																																		
	\$201-\$1,000																																		
	\$1,001-\$2,500																																		
	\$2,501-\$5,000																																		
	\$5,001-\$15,000																																		
	\$15,001-\$50,000																																		
	\$50,001-\$100,000																																		
	\$100,001-\$1,000,000																																		
	\$1,000,001-\$5,000,000																																		
	Over \$5,000,000																																		
	Spouse/DC Asset with Income over \$1,000,000*																																		